

# CLAIM FOR ONE SUM PAYMENT

## GOVERNMENT LIFE INSURANCE

1. INSURANCE FILE NUMBER

2. INSURANCE POLICY NUMBER

3. NET AMOUNT OF INSURANCE

5. BENEFICIARY'S SHARE (*Fraction*)

4. FIRST, MIDDLE, LAST NAME OF INSURED VETERAN

### INSTRUCTIONS

To claim the proceeds of a Government Life Insurance policy, please complete, sign and return this form.

WE ALSO NEED A PHOTOCOPY OF THE VETERAN'S DEATH CERTIFICATE.

If the beneficiary is a minor or incompetent, the person having custody of the beneficiary should complete the form and give his/her address in Item 10. If you are signing as the guardian or attorney-in-fact, please include a copy of the court appointment or power of attorney.

Send this completed form to the VA office that maintains the insured's records. The addresses of the VA offices that maintain insurance records are:

Department of Veterans Affairs  
Regional Office and Insurance Center  
P.O. Box 7208  
Philadelphia, PA 19101

Department of Veterans Affairs  
Regional Office and Insurance Center  
Federal Building, Fort Snelling  
St. Paul, MN 55111

All proceeds of Government Life Insurance policies are exempt from taxation, therefore you **DO NOT** need to file Form 712, "Life Insurance Statement", for this benefit. For further information on taxation, please contact your local Internal Revenue Service office and ask for Publication 17, titled "Your Federal Income Tax".

6. FIRST, MIDDLE AND LAST NAME OF BENEFICIARY

7. RELATIONSHIP TO INSURED

8. BENEFICIARY'S DATE OF BIRTH

9. DATE OF DEATH OF INSURED

10. ADDRESS OF BENEFICIARY (*Address where check is to be mailed*)

11. BENEFICIARY'S DAYTIME TELEPHONE NUMBER (*Include area code*) (*Will only be used if additional information is needed*)

**CERTIFICATION:** I certify that the above entries are true and correct to the best of my knowledge and belief.

12. SIGNATURE OF BENEFICIARY, FIDUCIARY OR GUARDIAN

13. DATE

**PRIVACY ACT NOTICE:** No proceeds may be paid unless a completed claim form has been received (38 U.S.C. 1917 and 1952). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government Insurance programs. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records-VA, published in the Federal Register.

**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (045A4), 810 Vermont Ave., NW, Washington, DC 20420. **SEND COMMENTS ONLY, NOT THIS FORM OR REQUESTS FOR BENEFITS TO THIS ADDRESS.**

**IF YOU HAVE QUESTIONS ABOUT THIS FORM, PLEASE CALL OUR TOLL FREE NUMBER 1- (800) 669-8477.**